

**ADDITIONAL INSURED ENDORSEMENT
AUTOMOBILE LIABILITY**

ATTACHED TO AND FORMING A PART OF POLICY NO.: _____ AND SUBJECT TO
ALL THE PROVISIONS THEREOF.

POLICY PERIOD: _____

EFFECTIVE DATE OF ENDORSEMENT: _____

NAMED INSURED: _____

BY: Insurance Reserve Fund
Division of Insurance Services
South Carolina Budget and Control Board
1201 Main Street
Post Office Box 11066
Columbia, South Carolina 29211

ADDITIONAL INSURED: _____

COVERAGES: _____

IT IS AGREED THAT THE INSURANCE AFFORDED BY THE POLICY FOR BODILY INJURY
LIABILITY AND PROPERTY DAMAGE LIABILITY APPLIES TO THE ADDITIONAL INSURED
NAMED IN THIS ENDORSEMENT, SUBJECT TO ALL THE TERMS, EXCLUSIONS AND
CONDITIONS APPLYING TO THE NAMED INSURED UNDER THE POLICY

IF THE POLICY IS CANCELLED BY THE FUND, NOTICE WILL BE MAILED TO THE
ADDITIONAL INSURED ACCORDING TO THE "CANCELLATION" CONDITION.

AUTHORIZED REPRESENTATIVE

DATE